



MEDI-CAL UPDATE

Part 2

Billing and Policy

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Allied Health • Therapies

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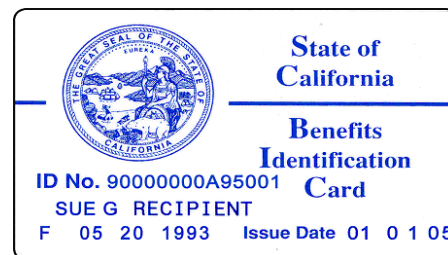
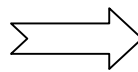
Medi-Cal Training Seminars

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Implementation Delay: New Billing Requirements Prohibit Social Security Numbers

Implementation of the new billing requirements that prohibit most providers from billing Medi-Cal or the Child Health and Disability Prevention (CHDP) program using a recipient's Social Security Number (SSN) will be delayed until further notice. This delay will allow the California Department of Health Services (CDHS) to conduct further outreach to recipients and providers. A notice will be mailed to recipients reminding them of the importance of taking their Benefits Identification Card (BIC) with them when they need services from Medi-Cal providers.

All providers are encouraged to use the 14-character Medi-Cal identification number from the recipient's BIC or paper ID card when submitting claims. The ID number is located on the front of the card and consists of a 9-digit Client Index Number, a Check Digit and a 4-digit Issue Date.



Instructions for Entering BIC IDs on Claim Forms

Instructions for entering the required 14-character BIC ID number on claim forms are found on the following provider manual pages:

Form Name	Provider Manual Section, Page
<i>Appeal Form (90-1)</i>	<u>appeal form</u> , page 5
<i>Claims Inquiry Form (CIF)</i>	<u>cif co</u> , page 8
<i>HCFA 1500</i>	<u>hcfa comp</u> , page 3
<i>Resubmission Turnaround Document (RTD) (Form 65-1)</i>	<u>resub comp</u> , page 4

Please see **Implementation**, page 2

Implementation (continued)

The issue date is used to deactivate cards that have been reported as lost or stolen.

Providers should instruct recipients who do not have a valid BIC or paper ID card, or who need to report a lost or stolen BIC, as follows:

- Supplemental Security Income and State Supplementary Payment Program (SSI/SSP) and Medi-Cal recipients should contact their county welfare office.
- County Medical Services Program (CMSP) recipients should contact their local CMSP worker.
- California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP) recipients should contact their local county CCS office or the state GHPP office.

Providers are required to make a good faith effort to obtain the recipient's BIC information. A good faith effort means that the provider attempts to obtain the BIC information from the recipient at the time the service is provided and makes a subsequent attempt to obtain the BIC or other appropriate documentation from the recipient.

Implementation Delay – Eligibility Verification Changes

Changes to prevent providers from using a recipient's SSN for eligibility verification will be delayed until after the new billing requirements have been implemented.

Use of Social Security Numbers

CDHS recognizes the importance of protecting the identity and the health information of recipients and strongly encourages all providers to avoid using a recipient's SSN whenever possible. This includes avoiding the use of the SSN for the purposes of eligibility verification, submission of *Treatment Authorization Requests* (TARs) and administrative billing.

Protecting Health and Identity Information/Mailing Paper Claims and Forms

Providers are reminded of the importance to protect the identity and health information of recipients.

Hard copy Medi-Cal claim forms contain Protected Health Information (PHI). To protect the confidentiality and privacy of Medi-Cal recipients, it is important to submit these forms to the appropriate address. Below is a list of mailing addresses for each form. If you have any questions, please contact the Telephone Service Center (TSC) at 1-800-541-5555.

Appeal Form (90-1)

Attn: Appeals Unit
EDS
P.O. Box 15300
Sacramento, CA 95851-1300

Claims Inquiry Form (CIF)

EDS
P.O. Box 15300
Sacramento, CA 95851-1300

HCFA 1500

P.O. Box 15700
Sacramento, CA 95852-1700

Resubmission Turnaround Document (RTD) (65-1)

EDS
P.O. Box 15200
Sacramento, CA 95851-1200

Please see future *Medi-Cal Updates* for more information.

Oxygen Equipment and Content Rate Changes

Effective retroactively for dates of service on or after January 1, 2007, the reimbursement rates are updated for the following HCPCS Durable Medical Equipment (DME) codes.

HCPCS <u>Code</u>	<u>Description</u>	Reimbursement <u>Rate</u>
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	\$ 158.72
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	25.43
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	25.43
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	158.72
E0441	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = one unit	61.96
E0442	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = one unit	61.96
E0443	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = one unit	61.96
E0444	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = one unit	61.96
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	158.72
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	158.72
E1392	Portable oxygen concentrator, rental	41.30

Note: No action is required by providers. Paid claims for these codes will be automatically reprocessed.

This information is reflected on manual replacement pages [dura cd 7 thru 9](#) (Part 2).

HCPCS Codes E2620, E2621 and L2232 Rate Changes

Effective for dates of service on or after January 1, 2006, the reimbursement rates for the following HCPCS Durable Medical Equipment (DME) codes have been adjusted to comply with updates from Medicare's 2006 4th Quarter Fee Schedule.

HCPCS <u>Code</u>	<u>Description</u>	Monthly <u>Rental</u>	<u>Purchase</u>
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	\$54.77	\$547.70
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	57.47	574.76

This information is reflected on manual replacement page dura cd 11 (Part 2).

Effective for dates of service on or after November 1, 2005, the reimbursement rate for the following HCPCS orthotic code has also been adjusted to comply with Medicare Fee Schedule changes.

HCPCS <u>Code</u>	<u>Description</u>	Maximum <u>Allowance</u>
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	\$62.56

This information is reflected on manual replacement page ortho cd 17 (Part 2).

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Remove and replace: dura cd 7 thru 14
 ortho cd1 17/18